

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Enforcement

Employer Services Agreement and Profile

Description of Service

After completing the registration process and receiving your activation code, you can access the Portal to:

1. Supply and update information about your organization such as addresses, contact names, phone numbers, and email addresses.
2. Report lump sum payments for employees who may owe past-due child support.
3. Report employee terminations.
4. Register as a multistate employer if you have employees in more than one state and choose to report all new and rehired employees to only one of those states.

Instructions

Fill out all the required fields in this form and email it to the [Portal Help Desk](#). One of our team members may contact you if additional information is necessary to complete the registration process.

Note

If you are a multistate employer and want to register only to report new hires to one state or update information in the Multistate Employer Registry, download and complete the [Multistate Employer Registration](#) form on our website and follow the instructions.

Disclaimer

By completing and supplying the information in this form, you agree to:

1. Not impersonate any individual, entity, or association; conceal; or supply misleading information about my identity while transmitting files.
2. Supply true, accurate, current, and complete information about the entity identified in this form.
3. Not use any information obtained because of involvement with Employer Services for employment decisions.

By selecting **Accept**, you certify that you have read, understood, and agree to the terms of this agreement.

☐ Accept

☐ Decline

Required *

General Information

Enter general information about your organization and participation in Employer Services.

Date: *

(MM/DD/YYYY)

FEIN: *

(Primary Federal Employer Identification Number Format: 123456789)

Organization Type: *

(Select Employer if you manage your own company's employee reporting.
Select Third Party if you are a payroll company or manage multiple employee reporting clients.)

Organization Name: *

Organization Short Name:

(Enter abbreviation for your organization. Maximum 25 characters.)

Address InformationIs this the Payroll/Income Withholding Order address? Yes ☐ No ☐

Address Line 1: *

Address Line 2:

Address Line 3:

City: *

State: *

ZIP Code (5 digits): *

ZIP Code Ext:

Required *

Contact Information

Enter business, technical, and alternate contact information. If you have multiple child support contacts, you can add their information on the Portal.

Business Contact Information

First Name: *

MI:

Last Name: *

Email: *

(Format: name@somewhere.com)

☐ Select if you want email notifications sent to this address.

Does this email address belong to a shared email box? * ☐ Yes ☐ No

Phone Number: *

(Enter numeric characters only. Include area code. Format: 1231231111)

Phone Ext:

Fax Number:

(Enter numeric characters only. Include area code. Format 1231231111)

Select other contact types that apply:

- | | | | |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Alternate | <input type="checkbox"/> General | <input type="checkbox"/> Multistate/MSEER | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Verification of Employment | <input type="checkbox"/> National Medical Support Notice | <input type="checkbox"/> Payroll/Income Withholding Order | |

Technical Contact Information

A network or system administrator who can help provide corporate IP address information or batch system information, if applicable.

First Name:

MI:

Last Name:

Email:

(Format: name@somewhere.com)

☐ Select if you want email notifications sent to this address.

Does this email address belong to a shared email box? ☐ Yes ☐ No

Phone Number:

(Enter numeric characters only. Include area code. Format: 1231231111)

Phone Ext:

Fax Number:

(Enter numeric characters only. Include area code. Format: 1231231111)

Select other contact types that apply:

- ☐ Business ☐ General ☐ Multistate/MSER ☐ Alternate
☐ Verification of Employment ☐ National Medical Support Notice ☐ Payroll/Income Withholding Order

Alternate Contact Information

First Name:

MI:

Last Name:

Email:

(Format: name@somewhere.com)

- ☐ Select if you want email notifications sent to this address.

Does this email address belong to a shared email box? ☐ Yes ☐ No

Phone Number:

(Enter numeric characters only. Include area code. Format: 1231231111)

Phone Ext:

Fax Number:

(Enter numeric characters only. Include area code. Format: 1231231111)

Select other contact types that apply:

- ☐ Business ☐ General ☐ Multistate/MSER ☐ Technical
☐ Verification of Employment ☐ National Medical Support Notice ☐ Payroll/Income Withholding Order

Communication Preference

You must select a preferred method of communication for your organization: email, fax, or phone.

Communication Preference: *

IP Address Information

The federal Office of Child Support Enforcement (OCSE) requires a public Internet Protocol (IP) address from external partners to allow secure access to the Child Support Portal. OCSE independently verifies the IP address and organization name with the American Registry for Internet Numbers (ARIN), a regional internet registry for the United States. For more information, visit the [ARIN website](#).

Enter the public IP addresses your organization uses to access the internet. In most cases, the IP address is your company's internet proxy server or the public IP address of the computer used to access OCSE's Child Support Portal. To locate your public IP address, search on the internet for "[What Is My Public IP Address](#)." You must verify the addresses with your network administrator.

Public IP Addresses: *

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By completing this section, you certify your organization holds exclusive use of the static IP addresses assigned by an Internet Service Provider vendor. If the static IP address assigned to your organization changes, you must contact the [Portal Help Desk](#).

Name of Internet Service Provider: *

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(Example: Comcast, AT&T, or Verizon. Enter your company name if you own your IP address and it is verifiable on ARIN website.)

THE PAPERWORK REDUCTION ACT OF 1995 (Pub.L. 104-13):

Public reporting burden for this collection of information is estimated to average 0.08 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number.